

**FEE  
ONLY**

SN. 09/599,823

ATTORNEY DOCKET NO. CANO:008

Conclusion

As all of the pending claims are believed to be in condition for allowance, the examiner is urged to issue an early Notice of Allowance. Should the examiner have any issues concerning this reply or any other outstanding issues remaining in this application, applicant urges the examiner to contact the undersigned to expedite prosecution.

Respectfully submitted,

Date: 10/25/04
  
 Marc A. Rossi  
 Registration No. 31,923

 ROSSI & ASSOCIATES  
 Serial No.: 09/599,823

Filed: 22 June 2000

Examiner: A. Evans

Attorney Docket No.: CANO:008

 For: IMAGE FORMING SYSTEM, IMAGE FORMING DEVICE, FUNCTION SETTING METHOD AND  
 STORAGE MEDIUM

 COMMISSIONER FOR PATENTS  
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Date: 10/25/04
 By:   
 Marc A. Rossi

03/18/2005 LSP/UELL 00000001 182056

 110.00 DA  
 522.00 DA  
 352.00 DA  
 01 FC:1251  
 02 FC:1202  
 03 FC:1201

AMENDMENT & REQUEST FOR RECONSIDERATION  
WITH PETITION FOR TIME EXTENSION & CLAIM FEE TRANSMITTAL

Sir:

In reply to the Office Action dated July 2, 2004, this application has been amended as indicated below. This reply requires a one-month extension and claim fees for extra 29 claims added by this amendment.

Applicant requests a one-month extension, from October 2, 2004 to November 2, 2004, for replying to the outstanding Office Action. The one-month extension fee is \$110. The present Amendment introduces 29 additional claims that require a fee of \$522 (29 x \$18), including 4 independent claims that additionally require a fee of \$352 (4 x \$88). The Commissioner is authorized to charge \$874 (or any additional fees required to maintain the pendency of this application) to Deposit Account No. 18-2056.

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective December 29, 1999

Application or Docket Number

09/599823

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	15	minus 20 =
INDEPENDENT CLAIMS	14	minus 3 = 11
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	49	Minus .. 20	= 29
Independent	18	Minus ... 14	= 4
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
	345.00	OR		690.00
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	658
+130=		OR	+260=	
TOTAL		OR	TOTAL	1548

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	522 <sup>00</sup>
X39=		OR	X78=	352 <sup>00</sup>
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	874 <sup>00</sup>

pd.

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus ..	=
Independent		Minus ...	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus ..	=
Independent		Minus ...	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

10-25-04